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Wright Medical Technology, Inc. 5677 Airline Road Arlington, TN 38002-9501 www.wmt.com



Date:	October 29, 2004				
To:	Attn.: Office of Petitions	Fax:	703/308-6916		
From:	Ms. Pat Powell	Fax:	(901) 867-4398		
Number of pages including cover sheet:		14	Phone:	(901) 867-4542	

In Re Application of:

Jeffrey G. Marx

Application No.: 09/440,144

Filed: 11/15/1999

For:

Rigid Reticulated Articles and Processes for Producing Rigid Reticulated Articles

To:

Mail Stop Petitions

Commissioner for Patents

P. O. Box 1450

Alexandria, Virginia 22313-1450

) Art Unit: 3738

) Our Ref.: 2333.0056C (702.107.2)

Examiner: Chattopadhyay

I hereby certify that the following correspondence is being facsimile transmitted to the Patent and Trademark Office - 703/308-6916; Attn.: Office of Petitions::

- 1. Petition to Revive
- 2. Fee Transmittal
- 3. Amendment

, 2004

Patricia C. Poweli

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PTO/SB/17 (10-04v2)
Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons an				entrol number						
FEE TRANSMITT	ΔΙ	- Ta			100444	nplete if Known				
	<i>,</i> ,	Application Number			" – — —	09/440,144				
for FY 2005						11/15/1999				
Effective 10/01/2004. Patent fees are subject to annual re	vision.	First Named Inventor Je			ntor Jeffrey	Jeffrey G. Marx				
Applicant claims small entity status. See 37 CFR 1.	7	Examiner Name C			Chatto	Chattopadhyay				
<u> </u>		Art Unit 3738			3738	′38				
TOTAL AMOUNT OF PAYMENT (\$) 1370.00		Attorney Docket No. 2333			to. 2333.0	333.0056C (702.107.2)				
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)								
		3. ADDITIONAL FEES Large Entity Small Entity								
Deposit Account:	Fee		Fee	Foo		Descriptio	on.			
Deposit Account 502795	Cod	• •	Code	(\$)		•		Fee Paid		
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Account Name Wright Medical Technology	J]		cover sheet		ming 100 or	ļ		
The Director is authorized to: (check all that apply)	105		1053 1812			English specification ling a request for ex parte reexamination.				
Charge fee(s) indicated below Credit any overpaym	ints 180		1804		Requesting put					
Charge any additional fee(s) or any underpayment of fee(s)					Examiner action	on .		-		
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FEE CALCULATION	125		2251	55		nsion for reply within first month nsion for reply within second month				
1. BASIC FILING FEE	125		2252							
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1002 350 2002 175 Design filing fee	140		2402		Notice of Appe Filing a brief in		n anneal			
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1004 790 2004 395 Reissue filing fee 1005 160 2005 80 Provisional filing fee	— / I	1,510	1451		Petition to insti	_	use proceeding			
]	145	•	2452		Petition to revi					
SUBTOTAL (1) (\$)	145	3 1,370	2453		Petition to revi			1370.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REIS	RUF	1,370	2501		Utility Issue fee					
Extra Claims below Fee	Paid 1502	490	2502	245	Design issue f	ee				
Total Claims Z0** = X =	1503	660	2503	330	Plant issue fee	Э				
Claims X 4	1460	130	1460	130	Petitions to the	lons to the Commissioner				
	1807	50	1807	50	Processing fee	e under 37 CF	FR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806	180	1806		Submission of					
Code (\$)	8021	40	8021	40	Recording each	h patent assig s number of o	nment per- roperties)			
1202 18 2202 9 Claims in excess of 20	1809	790	2809	395	Filing a submis	ssion after fina				
1201 88 2201 44 Independent claims in excess of			D24-		(37 CFR 1.129					
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over original patent	180		2801		•		mination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 2 and over original patent	180	900 1802 900 Request for expedited examination of a design application								
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SUBTOTAL (2) (\$) **or number previously paid, if greater; For Relssues, see abo	*Red	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1370						00		
SUBMITTED BY (Complete (if applicable))										
Name (Printfyne) Shown D. Sentilles Registration No. 38 200 Telephone 901/867-4314										
		(Attorney/Agent) 38,299								
Signature State						Date	October 29, 20	U4		

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